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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

10/19/2004

~~David B. Ray~~ Steve Callistein
7100 N W 62nd Avenue
Darwin Building
Johnston, IA 50131

11/12/2004 NNGUYEN2 00000139 161852 09622353

01 FC:1501 1370.00 DA



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Steve Callistein	(Depositor's name)
<i>Steve Callistein</i>	(Signature)
November 10, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/622,353	09/12/2000	John A. Arbuckle	0457-PCT-US	4766

TITLE OF INVENTION: TRANSPOSABLE ELEMENT-ANCHORED AMPLIFICATION METHOD FOR ISOLATION AND IDENTIFICATION OF TAGGED GENES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	01/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TUNG, JOYCE	1637	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/123) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Steve Callistein

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pioneer Hi-Bred International Inc.

Des Moines, Iowa

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-1852 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Steven Callistein

Date November 10, 2005

Typed or printed name

Steven Callistein

Registration No. 43,525

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FAX TRANSMISSION

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P.O. Box 1000
Johnston, Iowa 50131-1000

Phone: (515) 254-2823
Fax: (515) 334-6883

TO: Mail Stop Issue Fee
Commissioner for Patents

FROM: Steven Callistein

RE: Transposable Element-Anchored, Amplification Method
For Isolation And Identification of Tagged Genes
Case 0457 PCT US

DATE: 11/10/04

FAX NUMBER: (703) 746-4000

NUMBER OF PAGE(S) FOLLOWING THIS SHEET: 1

COMMENTS:

1. Transmittal Form -- 1 page

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